



Water Works & Lighting Commission

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***ELECTRONIC FUND TRANSFER (EFT)
Enrollment Information Form***

Please begin the enrollment process for the Electronic Fund Transfer for the following account:

Name: _____

Service Address: _____

Daytime Phone: _____

Water Works & Lighting Commission Account Number(s): _____

I authorize the Water Works & Lighting Commission to instruct my financial institution to deduct my payment from my checking or savings account on the due date of the utility bill I receive. **If at any time I decide to change financial institutions or discontinue this payment service, I will notify you at least two weeks prior to payment date.**

I have submitted a voided check or entered my financial institution's routing and checking (or savings) account numbers in the spaces provided below.

Deduct My Payment Automatically From: Checking Account Savings Account

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Checking (or Savings) Account Number: _____

_____ I am a new Electronic Fund Transfer customer.

_____ I am already an Electronic Fund Transfer customer but wish to use the above information beginning with the next possible due date.

Signature: _____ Date: _____